

UHIP Governance Committee Meeting

Wednesday, June 27, 2012

State Capitol, Senate Office Building

Olmsted Room

Attendees

Last Name	Title	Facility	2/16	4/25	6/27	8/29	10/29	12/19
Abouzelof, Rouett	RN	Primary Children's MC	X	Exc.	X			
Betit, Rod	Mr.	UT Hospital & Health System Assoc.		Exc.				
Clemmer, Terry	DR	Intermountain Healthcare		Exc.	Exc.			
Daly, Judy	DR	Primary Children's MC		X	X			
Draxler, Jack	Rep	Utah House of Representatives	X					
Evans, Lisa	RN	Uintah Basin Medical Center		X	X			
Guseman, Melissa	RN	Salt Lake Surgical Center		X	X			
Heikens, Brett	RN	Kolff Dialysis Center	X	X	X			
Hull, Dan	Mr.	Home Care and Hospice						
James, Brent	DR	Intermountain Healthcare	Exc.	X	X			
Jarrett, Arlen	DR	Iasis Healthcare Utah Division	Exc.	X	X			
Keene, Peggy	RN	Mountain West Medical Ctr.	X	X	X			
Kinsey, Wayne	RN	Promise Hospital of Salt Lake	X	X	X			
Kurrus, Tom	DR	Mountain Star/St. Marks						
Markewitz, Boaz	DR	University of Utah Pulmonary	X					
Mayer, Jeanmarie	DR	Univ. Health Care/University Hospitals & Clinics	X	X	Exc			
Miner, Joe	DR	Utah County Health Dept.			X			
Olsen, Rex	JD	Asst. Attorney General	Exc.	X	X			
Petrolonis, Patty	RN	Salt Lake Regional Medical Center	X	X				
Preston, Juliana	Ms.	HealthInsight		X	X			
Prothero, Marie	CEO, RN	Utah Valley Specialty Hospital		X	X			
Reese, Carolyn	RN	Utah Healthcare Association	X	X				
Rolfs, Robert	DR	State Epidemiologist, Division Director	X	X	X			
Sanpei, Dean	Rep.	Utah House of Representatives			X			
Smith, Doug	DR	Intermountain Healthcare	X	X	X			
UTAH DEPARTMENT OF HEALTH								
Alvarez, Felicia	Ms.	Epidemiologist	X	X	X			
Crook, Jacob	Mr.	Analytical Epidemiologist						
Matheson, Karla	Ms.	Admin Assistant	X	Exc.	X			
Reed, Carrie	Ms.	CAUTI Prevention Collaborative Leader	X		X			
Varley, Sherry	RN	Infection Preventionist	X	X	X			
GUESTS								
Johnson, Linda	RN	HealthInsight	X	X	X			

Action Items highlighted in yellow.

- **Welcome & Introductions: Dr. James**

- Meeting began at 3:02 P.M. Introductions were made around the table and with members participating by phone.
- Dr. James announced he is stepping down as the committee chairperson. He has enjoyed leading the group and feels much has been accomplished. He looks forward to following the progress of this committee and has high expectations regarding HAI reduction and elimination progress in the state of Utah.

- **April Minutes Review & Approval: Dr. James**

- First Motion: Dr. Judy Daly.
- Second Motion: Dr. Doug Smith.
- Minutes approved as presented.

- **Preventive Collaborative Updates:**

Carrie Hopkins: CAUTI Prevention in Long-term Care Facilities (LTCF)

- Good participation of the 17 LTCFs.
- Facilities are reporting catheter infection events and catheter utilization data.
- Catheter utilization rate between 4-5%, which is lower than national average for LTCFs, however sample size is small.
- There are fewer infections now than in the beginning.
- Grant cycle and funds end July 31, 2012. Have applied for additional federal funding for support for infection prevention training within LTCFs.

Linda Johnson: CUSP/CLABSI Prevention Collaborative

- Collaboration ends in August. In order to have Johns Hopkins present final meeting, must have 5 of 7 facilities commit to participating.
- Would like to host final meeting even if Johns Hopkins does not attend.
- Up to \$30,000 of additional federal funds are available for sustainability efforts.
- Discussion between Nevada & Connecticut to extend future work across other healthcare settings. UHA must make decision as to whether to continue.
- Comments were made regarding the role of prevention collaboratives in our state and if they are important tools in reducing our rates of HAIs. We must make them sustainable.

- **HAI Work Group: Rouett Abouzelof**

- The letter to solicit support of proposed catheter related bloodstream infection prevention collaborative was discussed in the June HAI WG meeting. Concerns addressed included:
 - Who should receive the letter; C suite or someone else?
 - Facilities may not have systems in place to gather infection data for peripheral IVs, nor have resources to do so.
 - There may not be enough data currently to show that peripheral IV bloodstream infections are truly a problem.
 - Facilities already involved in other bloodstream prevention efforts.

- Should we focus instead on “rapid cycle” prevention efforts with perhaps 3 month rapid cycle improvements?
- HAI WG will continue to discuss and identify potential prevention collaboratives and bring them back to the UHIP GC.

- **HAI Analytic Group: Felicia Alvarez**

Central Line-Associated Bloodstream Report

- The 2011 CLABSI Annual Report was presented and reviewed. Facilities were not identified in this year’s report, but will be identified next year. A copy of the report was emailed to all hospitals in June with only their facility identified. The blinded report is available on the state website at www.health.utah.gov/epi/hai.
- Dr. James suggested the graphs in the report be changed from a bar graph to a line graph (run chart) in the future. He also suggested the reports include expected rates and control limits. He also suggested of education be given to the public regarding statistics prior to public report release.

HAI Administrative Rule

- The HAI Rule revision has CMS elements incorporated regarding additional infection types to be reported and additional healthcare facility types that must report. It should be to ready to proceed through the Division Rule Process by next week.
- Dr. James suggested that the revised rule be emailed to this group and to the HAI WG for review before going to the Division Rule Process.
- Felicia Alvarez will email the revised HAI Rule to the UHIP GC and the HAI WG for comment by next Tuesday, July 3, 2012, prior to the rule going through the Division Rule Process.

- **House Bill 55 Implementation Presentation/Discussion: Sherry Varley & Dr. Rolfs**

- The bill goes into effect July 2012. Implementation requires validation on the data submitted to NHSN by healthcare facilities. The presentation and discussion considered several concerns.
- Questions discussed by group:
 - Timeline of State Reports:
 - HB 55 states “Beginning May 2013” the department shall compile an annual report. Is the report work to begin on that date or due on that date?
 - Rep. Sanpei felt the intent of the bill meant “begin to compile,” but feels communication must be established with legislature research to clarify. The bill may need amendment to be specific.
 - The reporting timeline must be very clear in HAI Administrative Rule. Timeline required by the bill may not be same as CMS. Do we have authority in this law to require a different timeframe than CMS? Need clarification from legislature research.

- Determine what department feels is realistic and then meet with Rep. Draxler, Rep. Sanpei and Cathy Dupont to see if it meets bill requirement. If not, make amendment to bill.
- Validation of Data:
 - Validation is critical and required by HB 55.
 - Training for validation must be conducted. It will be necessary on all levels to follow NHSN definitions. Education should also be given to facilities when validation is completed.
 - Fiscal note probably enough to produce report, not enough to validate.
 - Is a Data User Agreement with NHSN needed in order to get identifiable patient data from reporting facilities or does our existing authority give us access to patient identifiable data in order to validate?
 - CMS will do some minimal validation through NHSN requirement. Five Utah facilities will be validated by CMS this year, with three records of patients with a positive blood culture in the ICU and a central line reviewed per facility.
 - Do we meet needs of bill if we use CMS as validation requirement?
 - For public safety, what is the best way to validate? Idealistically, facilities should want to make sure the data validation is done correctly. Those capable (IPs) are under-resourced to do this validation. The IP would have to validate the data. Requires time and training.
 - The HAI WG/HAI AG will discuss this to determine interest in having IPs from facilities involved in validating one another.
 - 1st step: HAI WG develop concrete proposal as to how to conduct validation.
 - 2nd step: HAI WG will implement the proposal or suggest an alternative.
 - Train to standard methods. Need consistency. Send records from one place to another. Train for consistency. Detect for corrections. Benefit to hospitals to be involved. Resources from hospitals needed and required. Validation at record and process level.
 - Industry policing itself is best option on table. Resources & trust issues must be worked out.
 - IPs must evaluate IP work. Knowledge base is involved and essential for correct validation. Only ones qualified to police own rank.
 - Need structured approach. Very clearly defined effort.
 - If doesn't work, validation from outside may be necessary and would be more expensive.
 - Would this validation process need to be written in the HAI Administrative Rule that facilities participate in peer process or must pay for outside validation?
 - The CDC is putting together a "tool kit" for validation that may be useful.
- Validation Pilot Period:
 - Group consensus was that the pilot period should be one year.

- HAI Type to Initially Validate:
 - Group consensus was that CLABSI should be initial HAI validated.
- Which Facilities to Validate:
 - Select two high and two low outliers.
 - Refer to current CLABSI reports to begin selection.
- **Other Items**
 - Dr. Rolfs announced that Dr. Jeanmarie Mayer will be the new Chairperson for the UHIP GC beginning next meeting August 29, 2012.
 - Sherry Varley presented Dr. James with a gift for his service to the UHIP GC and the State of Utah.
- **Meeting Adjourned at 4:56 p.m.**

Next meeting: Wednesday, August 29, 2012 in the Olmsted Room, Senate Office Bldg., State Capitol.